

ISSUE SLIP STAPLE AREA (for additional cross references)

P SITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/27/89</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>11-279</i>
FORMALITY REVIEW	<i>RS</i>	<i>61730</i>	<i>11-15</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>OK</i>
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Claim	Date
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If more than 150 claims or 150 actions  
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